



A partnership between
your physician and
Lakeland HealthCare

Lakeland Care Inc.

PROTOCOL ORDERS

Pediatric ADHD Protocol

Diagnosis/Chief Complaint	
ADHD Ages 4 – 18 years old	
Lab Evaluations/Results	
Random drug screen performed annually.	
Diagnostic Evaluation/Results	
Vanderbilt patient/parent evaluation forms completed every 6 months when stabilized on medications and placed in EHR system. Teacher Vanderbilt evaluation forms recommended x1 during school year. Height, weight, heart rate and blood pressure will be checked at each visit and recorded.	
Plan of Care	
SPECIAL ATTENTION:	
<ol style="list-style-type: none"> 1. A Medication Agreement will be completed by the patient or caregiver on an annual basis. 2. Refill prescriptions will be limited to a 1 month supply. 3. Patients who are on stabilized dosage of medication should be scheduled every 3 months for follow-up, or more frequently as needed. 4. Parent/child ADHD self-management goals will be assessed and documented at each visit. 	
Approval/Signatures	
<i>Sponsoring physician:</i>	<i>Date:</i>
<i>Medical Director:</i>	<i>Date:</i>

DISTRIBUTION

This protocol will be distributed to all **Lakeland Care Medical Practices** providers and office managers via email (read receipt option). All recipients of this protocol must acknowledge their receipt and understanding of the protocol by referring any questions or problems with the protocol **within 14 days of the issue date** to the **Lakeland Care Quality Committee Chairperson**. If no questions or problems are communicated, it will be assumed that the protocol has been read and understood. All questions regarding this protocol and its implementation may be referred to the **Lakeland Care Quality Committee**.

Original Date: 12 -20-13
 Reviewed Dates: 10-07-14
 Revised Dates: 3-23-16